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CONFIRMATION NO. 8371

SERIAL NUMBER 10/609,001	FILING OR 371(c) DATE 06/27/2003 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 04644-133001
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APPLICANTS

Frederick Geheb, Danvers, MA;
 Donald R. Boucher, Andover, MA;

** CONTINUING DATA *****
 parent of application # 10/704,366 Btz 11/18/06

** FOREIGN APPLICATIONS *****
 none Btz 11/18/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 09/23/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>Brian Gedeon</u> Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 1
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ADDRESS

26161

TITLE

Cardio-pulmonary resuscitation device with feedback from measurement of pulse and/or blood oxygenation

FILING FEE RECEIVED 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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